

MONTANA BOARD OF NURSING
PO Box 200513 (301 S Park, 4th Floor)
Helena, MT 59620-0513
LICENSING PHONE: (406) 444-5711 FAX: (406) 841-2305
EMAIL: nurse@mt.gov WEBSITE: www.nurse.mt.gov

INSTRUCTIONS FOR RN/LPN LICENSURE BY EXAMINATION:

If your primary state of residence is not Montana but another Compact state, you must obtain licensure through the other Compact state (you cannot apply for RN/LPN licensure in Montana)

☐ **FEES:**

- Licensure by Examination fee is \$100.00 (If you are requesting a temporary permit, please include an additional \$25.00.)
- Fees are payable to the Montana Board of Nursing by check, money order, or cashier's check.
- Please enclose your payment with your application.
- All application fees are NON-REFUNDABLE and must be received with your application to insure proper processing.
- Submission of fees and application does not ensure issuance of a license.

☐ **EDUCATION REQUIREMENTS:**

- Applicants shall have completed all educational requirements of an approved nursing education program. [[37-8-405](#) and [37-8-415](#), MCA].
- It is the applicant's responsibility to ensure that official transcripts, showing the degree awarded and date conferred, are sent directly from the educational institution to the Montana Board of Nursing.

☐ **INTERNATIONALLY EDUCATED APPLICANTS**

- Complete all standard application requirements.
- Results of a credentials review by a credentials review agency or another board of nursing that verifies the equivalency of the international LPN/RN education program to LPN/RN education programs in the United States sent directly to the Board office.
- Refer to Board of Nursing rules [24.159.1029](#) (LPN) and [24.159.1229](#) (RN) to further clarify requirements.

☐ **EXAMINATION INFORMATION:**

- Applicants must register with Pearson VUE at www.pearsonvue.com/nclex.
- When the board office has a completed application, applicants will be made eligible to test and receive an authorization to test (ATT) notification from Pearson VUE.
- All applicants must pass the National Council Licensure Examination (NCLEX) prior to licensure.
- When the board office receives the applicant's test results from Pearson VUE, the applicant will be issued a license if a passing score, or given a Candidate Performance Report (CPR) if a failing score.
- Applicants have to wait 45 days to retake the NCLEX.

☐ **FINGERPRINT/BACKGROUND CHECK PROCESS:**

- Read and sign the Noncriminal Justice Applicant's Rights form (included in the application).
- Fingerprint cards are available from most local law enforcement agencies and the Montana Department of Justice (DOJ). Complete the information requested at the top of the fingerprint card prior to having your prints taken and include the following information:
EMPLOYER AND ADDRESS: Board of Nursing, PO Box 200513, Helena, MT 59620-0513
REASON FINGERPRINTED: Licensure & 37-8-434, MCA
ORI: MT920089Z
- Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, **send the completed fingerprint card along with a check or money order for \$27.25 made payable to the "Montana Department of Justice" and mail it to Montana Criminal Records, 2225 11th Avenue, PO Box 201403, Helena MT 59620- 1403.** Please check with your local post office and add accurate postage prior to mailing.

FINGERPRINT/BACKGROUND CHECK PROCESS CONTINUED:

- If DOJ rejects your first fingerprint card as “unreadable,” the Board office will notify you and you will need to re-submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.
- **Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Nursing. Your application will not be considered complete until the CHRI is received from the DOJ.**

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
FD-258 (REV 3-1-10) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME FIRST NAME		MIDDLE NAME MIDDLE NAME	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		O R I		MT920089Z		DATE OF BIRTH DOB Month Day Year	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX RACE HGT WGT EYES HAIR		PLACE OF BIRTH POB	
EMPLOYER AND ADDRESS Board of Nursing PO Box 200513 Helena MT 59620-0513		YOUR NO. OCA		FBI NO. FBI		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC	
REASON FINGERPRINTED Licensure & 37-8-434, MCA		MISCELLANEOUS NO. MNU		CLASS		REF		LEAVE BLANK	
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

SAMPLE

☐ **NURSE LICENSURE COMPACT:** (see rule 24.159.504)

- Montana State Board of Nursing joined the Nurse Licensure Compact (NLC) October 1, 2015. The NLC is a mutual recognition model of nurse licensure that allows a nurse to have one license, issued by the state in which the nurse claims primary residence, and to practice in all states that have entered into the Compact without having individual licenses in each of the Compact states.
- To view a list of states in the Compact or more information regarding the Compact, go to <https://www.ncsbn.org/compacts.htm>
- The NLC requires the nurse to adhere to the practice laws and rules of the state in which the nurse is delivering patient care in person or via telehealth means.
- The NLC is only for RN and LPN licenses, not any APRN (Advanced Practice Registered Nurse) endorsements.

- ❑ **TEMPORARY PERMITS:** (if applicable, see rule [24.159.1021](#) and [24.159.1221](#))
 - Submit a completed Montana State Board of Nursing examination application.
 - Complete the Temporary Permit application.
 - Pay the appropriate temporary permit fee.
 - Register with Pearson VUE.
 - Temporary permits are valid for a period of 90 days and may not be renewed or reissued.
 - Not all applicants qualify for a temporary permit.

- ❑ **VERIFICATION OF LICENSURE (Proof of licensure from other states, if applicable):**
 - The applicant is responsible for requesting official verification from their original state of nursing licensure and ALL professional licenses held, regardless of status.
 - Photocopies of licenses do not qualify as official verification and should not be included with your application.

- ❑ **RENEWAL:**
 - All licenses expire on December 31 of even-numbered years.
 - Renewal notices are mailed 45 days prior to the expiration date to your address of record. Change of address form is available at www.nurse.mt.gov, under the Forms tab.
 - All RNs and LPNs licensed in MT must maintain proof of 24 continuing education credits per two year licensing period.

- ❑ **NON-ROUTINE APPLICATIONS:** (see [ARM 24.159.403](#))
 - If the completed application is non-routine, there may be a delay in processing.
 - The Board may request that you provide additional information, and you may be requested to be available in person or by phone for the Board during a regularly scheduled board meeting.
 - A complete application must be received by the board 15 business days prior to a scheduled board meeting. Please refer to our website for Board meeting dates.

- ❑ **IMPORTANT INFORMATION FOR ALL APPLICANTS:**
 - It is critical to your licensure to not withhold any information regarding each question on the application.
 - The applicant will be notified of any deficiencies in their application.
 - The licensure status can be viewed at www.nursys.com (Quick Confirm).
 - It is the responsibility of the applicant to keep the board office informed of any name changes, address changes, changes in licensure status, complaints or proposed disciplinary action against you in this or any other state. The change of address form is available at www.nurse.mt.gov, under the Forms tab.
 - The practice of nursing in Montana is governed by the Board's Statutes and Administrative Rules. These are found at www.nurse.mt.gov, under the Regulations tab.

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. Application Fees must be paid before your application can be reviewed. *When the Board has all necessary documentation, your application will be processed.*
Incomplete applications expire 12 months from the date received by the Board of Nursing.

NURSES ARE NOT PERMITTED TO PRACTICE NURSING IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE.

APPLICATION FOLLOWS

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EMAIL: nurse@mt.gov WEBSITE: www.nurse.mt.gov

Application for Licensure by Examination as (check one):

Registered Nurse - \$100.00

Practical Nurse - \$100.00

Allow 30 business days from the date the Board office has received all required documentation for processing a routine application, which includes being made eligible to test.

PLEASE PRINT OR TYPE

1. FULL NAME: _____
Last First Middle
2. SOCIAL SECURITY NUMBER: _____
3. OTHER NAME(S) KNOWN BY (i.e. maiden name): _____
4. DATE OF BIRTH: _____
5. GENDER: Female Male
6. MAILING ADDRESS: _____
City _____ State _____ Zip Code _____
7. NURSE LICENSURE COMPACT DECLARATION: A primary state of residence is where you hold a Driver's License, pay taxes, or vote.
 - 1) If your primary state of residence is Montana, you will be issued a license with a multistate privilege.
 - 2) If your primary state of residence is not Montana but another Compact state, you must obtain licensure with a multistate privilege through the other Compact state (you cannot apply for RN/LPN licensure in Montana).
 - 3) If your primary state of residence is not Montana but in a Non-Compact state (a state not participating in the Nurse Licensure Compact), you will be issued a license with a single state privilege.

Is Montana your primary state of residence? Yes No

If No, is your primary state of residence a Compact state? Yes No
8. EMAIL ADDRESS: _____
(Email is the Board's primary method of communication)
9. TELEPHONE Home: _____ Mobile: _____
10. YOUR ETHNICITY:

American Indian or Alaska Native	Hawaiian or Other Pacific Islander
Asian	Other
Black/African American	Prefer Not to Answer
Hispanic/Latino Native	White/Caucasian

11. PROFESSIONAL NURSING EDUCATION

Name of college/university attended: _____

City _____ State _____

Country (If other than the United States) _____

Date of completion of approved nursing education program (MM/DD/YYYY): _____

Type of degree or certificate earned:

Associate Degree

Baccalaureate Degree

Certificate

Diploma

Other (Please Specify) _____

12. List all professional licenses that you have held. If you need additional space, you may attach a separate sheet of paper. Failure to list all licenses constitutes a falsification of your application and may result in denial and/or disciplinary action.

State	License #/Type	Issue Date	Expiration Date	License Method			Requested State Verification	
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No

13. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
14. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
15. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

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|-----|---|-----|----|
| 16. | Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 17. | Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 18. | Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | Yes | No |
| 19. | Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fine of less than \$200; and (2) convictions prior to your 18 th birthday unless you were tried as an adult. | Yes | No |
| 20. | Have you ever been diagnosed with substance use disorder or another addiction, or have you participated in an addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. | Yes | No |
| 21. | Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. | Yes | No |
| 22. | Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. | Yes | No |
| 23. | Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 24. | Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 25. | Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc.)? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |

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| 26. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 27. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 28. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 29. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |

DECLARATION

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Nursing. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant _____ Date _____

NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by the Montana Board of Nursing that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

Signed Name: _____ Date: _____

Printed Name: _____

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: APPR&R 20120611

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EXAMINATION TEMPORARY PERMIT APPLICATION

Registered Nurse - \$25.00

Practical Nurse - \$25.00

PLEASE PRINT OR TYPE

Applicant's Name: _____ Birth Date: _____
(Permit Holder)

Employer Name: _____
(Business Name)

Employer Address: _____
Street City State Zip

Number of Supervisors: One Two Three

Montana Employer Sworn Statement Under Penalty of Perjury

I hold an unencumbered Registered Nurse license in the State of Montana. I agree to ensure that the permit holder is directly supervised at all times, which means that the below named supervisor(s) as defined in Montana Board of Nursing rules under ARM [24.159.1021](#) and [24.159.1221](#) is on the premises when and where the permit holder is working.

Print Supervisor #1 Name and Title: _____

Supervisor License Number: _____ Phone Number: _____

Supervisor Signature: _____ Date: _____

Print Supervisor #2 Name and Title: _____

Supervisor License Number: _____ Phone Number: _____

Supervisor Signature: _____ Date: _____

Print Supervisor #3 Name and Title: _____

Supervisor License Number: _____ Phone Number: _____

Supervisor Signature: _____ Date: _____